

SERIAL NUMBER <div style="text-align: center;">09/410,150</div>	FILING DATE <div style="text-align: center;">09/30/99</div>	CLASS <div style="text-align: center;">710-719 704</div>	GROUP ART UNIT <div style="text-align: center;">2781 2726</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">99RSS268</div>
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APPLICANT

DAVID C. BOIKE, CULLMAN, AL.

****CONTINUING DOMESTIC DATA*******
 VERIFIED
NONE *mb*

****371 (NAT'L STAGE) DATA*******
 VERIFIED
NONE *mb*

****FOREIGN APPLICATIONS*******
 VERIFIED
NONE *mb*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/27/99

Foreign Priority claimed 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no Verified and Acknowledged <i>mb</i> <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY <div style="text-align: center;">AL</div>	SHEETS... DRAWING <div style="text-align: center;">4</div>	TOTAL CLAIMS <div style="text-align: center;">39</div>	INDEPENDENT CLAIMS <div style="text-align: center;">5</div>
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ADDRESS

SEE CUSTOMER NUMBER: 022478

TITLE

SYSTEM INTERFACE ABSTRACTION LAYER

FILING FEE RECEIVED <div style="text-align: center;">\$1,388</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="font-size: small;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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